

North Carolina State Consumer & Family Advisory Committee (SCFAC)

April 2011

Email SCFAC
State.CFAC@dhhs.nc.gov



***BELIEVE
in
YOURSELF***

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All CFAC Meetings are covered under NC Open Meeting Laws

http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_143/Article_33C.html

In an effort to help educate others, CFAC members, visitors, and staff are free to share all news and information discussed at CFAC meetings with family, friends, neighbors, co-workers, and all other interested individuals!

What is a Public Body?

§ 143-318.10 "public body" means any elected or appointed authority, board, commission, committee, council, or other body of the State, or of one or more counties, cities, school administrative units, constituent institutions of the University of North Carolina, or other political subdivisions or public corporations in the State that (i) is composed of two or more members and (ii) exercises or is authorized to exercise a legislative, policy-making, quasi-judicial, administrative, or advisory function.

Rosemary Weaver, SCFAC Chair Libby Jones, SCFAC Vice Chair

The SCFAC has committed itself to fulfilling responsibilities pursuant to NC Statute § 122C-171

www.ncdhhs.gov/mhddsas/scfac/sl2006142scfac7-17-2007.pdf



In order to ensure that the work is being completed, SCFAC Members work on at least one of the four Task Teams:

- Budget Task Team;
- Services Task Team;
- Plans Task Team; and
- SCFAC/LCFAC Interface Task Team.

Each task team has identified its role and is responsible for ensuring that its charter obligations are performed. During the past few months, the Budget Task Team sent recommendations to Secretary Cansler and the General Assembly requesting that no more cuts be made to MH/DD/SAS. The SCFAC/LCFAC Interface Task Team has been holding conference calls each month with local CFAC members to gather information on the MH/DD/SAS system in order to develop a survey. Plus the Services Task Team has worked with Division staff in Quality Management on NC-Treatment Outcomes and Program Performance Systems (NC-TOPPS), Provider Performance Reports and staff from Office of Citizen Services on NCcareLink.

NC General Statute § 143-318.11. Closed sessions

Permitted Purposes – It is the policy of this State that closed sessions shall be held only when required to permit a public body to act in the public interest as permitted in this section. A public body may hold a closed session and exclude the public only when a closed session is required:

1. To prevent the disclosure of information that is privileged or confidential pursuant to the law of this State or of the United States, or not considered a public record within the meaning of Chapter 132 of the General Statutes.
2. To prevent the premature disclosure of an honorary degree, scholarship, prize, or similar award.
3. To consult with an attorney employed or retained by the public body in order to preserve the attorney-client privilege between the attorney and the public body, which privilege is hereby acknowledged.
4. To discuss matters relating to the location or expansion of industries or other businesses in the area served by the public body, including agreement on a tentative list of economic development incentives that may be offered by the public body in negotiations.
5. To establish, or to instruct the public body's staff or negotiating agents concerning the position to be taken by or on behalf of the public body in negotiating (i) the price and other material terms of a contract or proposed contract for the acquisition of real property by purchase, option, exchange, or lease; or (ii) the amount of compensation and other material terms of an employment contract or proposed employment contract.
6. To consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee or prospective public officer or employee; or to hear or investigate a complaint, charge, or grievance by or against an individual public officer or employee. General personnel policy issues may not be considered in a closed session.
7. To plan, conduct, or hear reports concerning investigations of alleged criminal misconduct.
8. To formulate plans by a local board of education relating to emergency response to incidents of school violence.
9. To discuss and take action regarding plans to protect public safety as it relates to existing or potential terrorist activity and to receive briefings by staff members, legal counsel, or law enforcement or emergency service officials concerning actions taken or to be taken to respond to such activity.

Consumer & Family Member Volunteer Opportunities

On Oct. 5, 2010, The Division approved Policy DO-112 *Consumer and Family Member Volunteer Appointment to DMH/DD/SAS Workgroups and Committees*. Partnership, collaboration, communication and meaningful dialogue are important for an effective MH/DD/SAS delivery system. The Division is committed to soliciting the views and experiences of consumers and family members in its policies and work products.

Potential volunteers must have personal experience and/or professional knowledge of the subject matter of the workgroup or committee and demonstrate the commitment to participate until the task of the group is complete.

Registration for current volunteer opportunities for a Division workgroup or committee can be found on the website www.ncdhhs.gov/mhddsas/consumeradvocacy/volunteer-yes.htm.

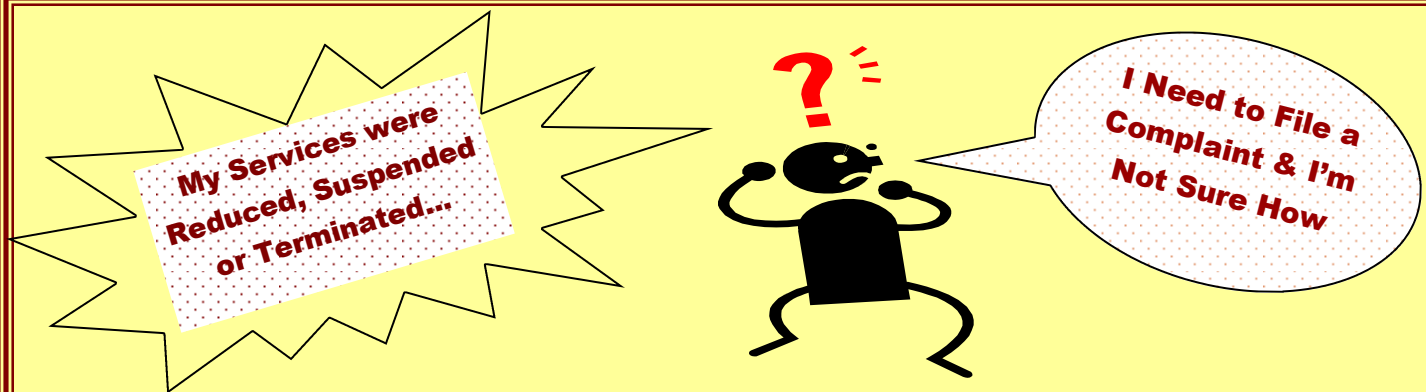


***SCFAC will Provide
Technical Assistance
To Local CFACs upon
Request***

Technical Assistance by SCFAC could include information, support, referrals, resources and training provided to CFACs by SCFAC in a variety of ways as determined by SCFAC based on information received from the State and the Division or from communications from the local CFACs.

Within our discussion were a number of ideas on how this can be done...

- Conference training: Assist professionals with experience in specific areas.
- SCFAC members can address local CFAC issues to answer questions.
- Provide a resource manual.
- Development of white papers.
- Training on law and LME services by those identified by SCFAC.
- Communicate with local CFACs for further ideas on "*how* and *what*".



Did you know you have the right to file a complaint if you think your rights have been violated? Rights can mean many different things to different people.

- Moral
- Ethical
- Legal- In N.C. some basic rights are laws stated in General Statutes and Administrative Rules.

To Find the Clients Rights Rules

<http://reports.oah.state.nc.us/ncac.asp>

Click on Title 10A

Click on Chapter 27

You will find Subchapters C,D,E and F

<http://www.ncoah.com/rules/>

Administrative Code Online

Title 10A

Chapter 27

How to File a Complaint with your LME

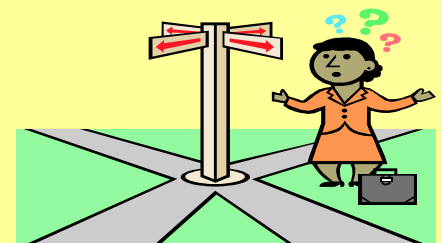
- Requirements for the LMEs regarding complaints can be found in 10A NCAC 27G.7001-7003.
- All consumers and their legal guardians must be informed of their rights along with other information important to treatment and care 10A NCAC 27D.0201.
- Contact your local LME Customer Service Office to assist with questions, concerns/complaints and provide information pertaining to your Rights and Responsibilities.

Non-Medicaid Appeals

- Appeals regarding final LME non-Medicaid service decisions are filed to DMH/DD/SAS. Appellants must first follow the LME Local Appeal Policy per administrative rule 10A NCAC 27G.7004.
- All Appeals to DMH/DD/SAS follow the North Carolina Administrative Code 10A NCAC 27I.0601.

How to File a Complaint with the State

- Contact Advocacy & Customer Service Office at 919-715-3197.
- TTY: Call the CARE-LINE 919-733-4851 or 877-452-2514.
- DHHS Care line 1-800 662-7030 (Voice/Spanish).
- dmh.advocacy@dhhs.nc.gov
- www.dhhs.state.nc.us/mhddsas/consumeradvocacy/index.htm



Medicaid Appeals

- Individuals have the right to appeal the denial, suspension and termination of Medicaid services.
- Recipients should be notified by Value Options of their right to appeal.
- Individuals should follow the instructions in the letter they receive from Value Options on how to appeal the changes to their services.

Summary of Hot Topics from the SCFAC and LCFAC Conference Call

Concerns about budget cuts

- Staffing cuts decreasing quality services in the community.
- A long-term strategy should be in place to deal with the budget issues.
- Running out of medications for a week or two and the time required to get refills.
- Effective July 1, for every one dollar the state spends, the Feds will give \$2.00.
- Local CFACs might provide form letter for contacting legislators.

CABHAS

- Concerned with whether staffing levels of CABHAS are sufficient to meet needs.
- Concerned with how CABHAS will be reviewed to prevent issues similar to the community support services issues in the past.
- Need to have a plan to issue consistency in quality of services across the state.
- Need strategy for updating consumers on the CABHAS and the effects of CABHAS on the consumers.

Communications

- Need for consumer input at all levels.
- Need connections between providers and consumers. Training on Consumer Rights. Providers need to better understand consumer needs.
- Training issues need to be addressed.
- Communication among CFACs is imperative, as well as with SCFAC.

Accountability

- Movement toward recovery, not just protection and maintenance.
- Focus on outcomes.
- Ensure consumers receive services they need.
- Holding LMEs and state accountable for implementation of plans.



NOTHING ABOUT US WITHOUT US

The mental health system in North Carolina has been through many trials and tribulations during the past eight years. Many of the struggles take place between the state, the LMEs, and providers. It is important that we all remember **THE CONSUMERS OF THESE SERVICES** when we are discussing, negotiating, and debating among ourselves. I do believe that in our hearts we all realize that the services to consumers are the most important issue. My hope is that all stakeholders can recognize that we are in this together with the major purpose always being what is best for the consumer and family members. I have seen evidence that this is happening across our state. DHHS is including more consumers and family members in workgroups regarding service definitions, Medicaid waivers, requests for proposal and recovery. There is a huge movement towards peer support and recovery services that encompasses many consumer and advocacy organizations as well as state personnel. There have been three regional CFAC meetings held in the Eastern, Central and Western sections of our state. We have recently voted in many new legislators that need to be educated about consumer issues. Don't sit back and wait for someone else to do it. We all need to get involved and take responsibility for shaping our service delivery system. There is a quote by Thomas Jefferson that I think says it all: *"Who then can so softly bind up the wound of another as he who has felt the same wound himself."*

Rosemary Weaver



ADVOCACY AND CUSTOMER SERVICE SECTION (ACS)

An Overview of the two Team's Responsibilities

The Customer Service & Community Rights Team (CSCR)

Respond to Daily Phone Inquiries as staff provides a first-response system for customer inquiries, complaints, requests for services and appeals on behalf of consumers, family members and the general public.

Non-Medicaid Appeals process is governed by 10A NCAC 27I.0600-0609 regarding appeals made to DMH/DD/SAS of decisions made by an area authority or county program affecting non-Medicaid eligible clients. Requests for appeals that have met the requirements set forth in rule are forwarded to the DMH/DD/SAS Hearing Officer for processing of the hearing.

Response to Letters and Direct Case Referrals The team answers customer service correspondence addressed to the Governor, DHHS Office of Citizen Services (OCS), Legislators, the DHHS Office of the Secretary and the MH/DD/SAS Division Director regarding complaints or requests for information.

Incident Reporting is overseen by the CSCR team who review the highest level incident reports submitted through the IRIS system, which is a web based system connecting providers, LMEs and the Division.

Client Rights Committee Technical Assistance is provided to LME Customer Service staff on the legal requirements for Client Rights Committees.

Client Rights Investigations are conducted by the team that investigates complaints regarding possible client rights violations. The team members have been trained and Certified by the Council on Licensure, Enforcement and Regulation (CLEAR) as Certified Investigators.

The Consumer Empowerment Team (CET)

Statutory Requirements for Consumer Involvement allows the team to serve as the liaison to the local consumer and family advisory committees (LCFACs) per GS 122C-170 and provides staff support to the State Consumer and Family Advisory Committee (SCFAC) per GS 122C-171. CET members develop relationships with grass roots advocacy organizations, local, state and national advocacy groups to gain consumer and family input. Staff members also work on state and local initiatives to enhance public awareness of MH/DD/SA issues.

Consumer and Stakeholder Communication occurs at the local level and the team ensures that consumers and family members have timely communications. CET staff work with stakeholders to develop consumer oriented materials that explain Division policy and promote consumer issues. The CET and CSCR teams work jointly to develop materials, such as a consumer handbook and the section's web page. This coordination helps the public understand rights protections and key initiatives such as Critical Access Behavioral Health Agencies (CABHA) and CAP/MR-DD and 1915 b/c Medicaid Waivers.

Recruitment of Consumers and Family Members for Workgroups and Projects is essential for partnership, collaboration, communication and meaningful dialogue if we are to have an effective MH/DD/SA service delivery system. Consumer and family members have taken part on workgroups regarding the selection of the newest 1915(b)(c) Waiver recipient, CABHA monitoring, and non-Medicaid appeals to name a few.

Recovery and Peer Support is ongoing in the ACS Section which has convened monthly meetings with members of the recovery community attended by Division leadership. This group is composed of community-based consumer advocates and also includes a member of the State Consumer and Family Advisory Committee (SCFAC). Staff from the CET and best practice team co-manage a Division grant to six LMEs to promote peer support trainings, and significantly expand the number of trained and certified peer support specialists across the state.

Advocacy Contracts are overseen by CET staff who serve as contract administrator for significant Division contracts to promote advocacy, rights protections and self-direction.

State Consumer and Family Advisory Committee Members

Rosemary Weaver,
Chair

Libby Jones,
Vice Chair

Nancy Black

Laura Keeney

Dave Bullins

Ronald Kendrick

Nancy Carey

Mark Long

Gladys Christian

Carol Messina

Pamela Chevalier

Carl Noyes

Kathy Crocker

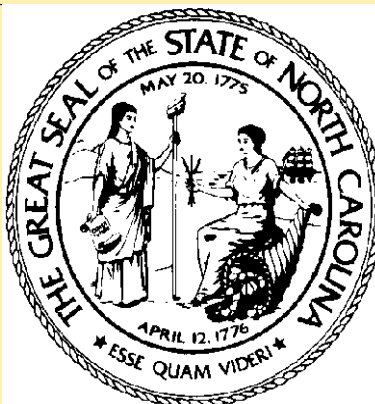
Paul Russ

Frank Edwards

Amelia Thorpe

Sue Guy

Glenda Woodson



2011 Meetings
Are held at the
Clarion Hotel State Capital
320 Hillsborough Street
Raleigh, NC 27603
In the FourSisters Room

◆ ◆ ◆ ◆
May 12, 2011

July 14, 2011

September 8, 2011

November 10, 2011



RESOURCES

SCFAC <http://www.ncdhhs.gov/mhddsas/scfac/index.htm>

Local CFACs <http://www.ncdhhs.gov/mhddsas/consumeradvocacy/consumerempowermentteam/cfac-websites.htm>

Advocacy Organizations

Webster defines "advocate" as one who speaks or writes in support of another or a cause. When in the midst of transition, consider contacting one of the following organizations to assist with questions and answers surrounding your specific advocacy needs.

[Alcohol and Drug Council of N.C.](#)

[NC CANSO](#)

[American Association on Mental Retardation](#)

[NC Council on Developmental Disabilities](#)

[Association of Self-Advocates of N.C.](#)

[NC Guardianship Association](#)

[Brain Injury Association of North Carolina](#)

[NC Housing Coalition](#)

[Disability Rights NC](#)

[NC Mental Health Consumer Organization](#)

[Educational Resources](#)

[NC Statewide Independent Living Council](#)

[Mental Health Association](#)

[North Carolina Guardian ad Litem](#)

[Mental Health Advocacy Inc](#)

[The Arc of NC](#)

[NAMI NC](#)

State of North Carolina
Department of Health and Human Services
www.ncdhhs.gov

N.C. DHHS is an equal opportunity Employer and provider. 4/11

State CFAC Representation as of March 2011

